



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: DEKALB HEALTH

City of Hospital: Auburn

Year Begin: 10/01/2017 (mm/dd/yyyy format)

Year End: 09/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bret Claghorn

Email Address: bclaghorn@dekalbhealth.com

Medicare Provider Number: 150045

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$42985401
Outpatient Patient Service Revenue	\$137436366
Total Gross Patient Service Revenue	\$180421767

2. Deductions From Revenue

Contractual Allowance	\$104797094
Other Deductions	\$9661944
Total Deductions	\$114459038

3. Total Operating Revenue

Net Patient Service Revenue	\$65962729
Other Operating Revenue	\$2456543
Total Operating Revenue	\$68419272

4. Operating Expenses

Salaries and Wages	\$28683067	Employee Benefits	\$9471153
Depreciation and Amortization	\$4287651	Interest Expense	\$461179
Bad Debt	\$9140470	Other Expenses	\$18855364
Total Operating Expenses	\$70898884		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2479612	Total Assets	\$65584606
Net Non-operating Gains over Loss	\$1220052	Total Liabilities	\$18949853

Total Net Gains	\$-1259560
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$76309804	\$56997910	\$19311894
Medicaid	\$25184646	\$17469137	\$7715509
Other Government	\$1419334	\$1255612	\$163722
Other State	\$0	\$0	\$0
Other Payers	\$77507983	\$29595906	\$47912077
Total	\$180421767	\$105318565	\$75103202

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$64391	\$64000	\$391

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$82241	\$-82241
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$99878	\$-99878

Number of Medical Professionals Trained	465
Number of Hospital Patients Educated	3201
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$521474	
HCI Payments	\$0		
Subtotal	\$0	\$521474	\$-521474
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$347578	\$-347578
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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